

VAPT 2005/2006 MEMBERSHIP APPLICATION

Membership Dues \$15.00, effective July 1, 2005 – June 30, 2006

New Member? Yes ☐ No ☐

* Type of Membership: (circle one) Active Associate Honorary

Form of Address: (circle one) Dr. Mr. Mrs. Ms Miss

Name: (Last) _____ (First) _____

Employment Title: (circle one) Director Assistant Director Supervisor

Other (please be specific) _____

School Division: _____ (City/County) Region # _____

OR Organization: _____

Mailing Address: (P.O. Box or Street/Hwy) _____

(City) _____ (State) _____ (Zip Code) _____

E-mail Address: (Home) (optional) _____

E-mail Address: (Business) _____

CIRCLE THE E-MAIL ADDRESS YOU WOULD LIKE THE VAPT NEWSLETTER SENT.

Business Telephone: (include area code) () _____

Business Fax: (include area code) () _____

Emergency Use Telephone Numbers in the event another VAPT member needs assistance while in your area:
(include area code) Phone Number: () _____ Cell: () _____

VAPT STANDING AND SPECIAL COMMITTEES: Please indicate beside the committees listed below if you are interested in serving on that committee.

___ Audit ___ Conference ___ Constitution/By-Laws ___ Legislative ___ Membership ___ Nominating ___ Resolution
___ Scholarship ___ Newsletter ___ Position Papers ___ Poster Contest ___ School Bus ___ Road-e-o

*Types of Memberships:

Active: Administrative personnel in pupil transportation such as directors and assistants, supervisors and assistants and chief mechanics. Also, personnel whose responsibilities and duties are related to pupil transportation in some administrative capacity such as training coordinators, state department of education personnel and superintendents.

Associate: Those members whose primary concentration of interest includes the safe transportation of young people of the Commonwealth, such as school bus body and chassis representatives and others directly associated with or concerned with the objectives of the Association.

Honorary: Former administrative employees in pupil transportation no longer actively employed and who are categorized as associate members, but who are no longer actively engaged in the field of pupil transportation, i.e. former VAPT presidents.

FOR OFFICE USE ONLY

RECEIPT/MEMBERSHIP NUMBER: _____

Application received by: _____ Date received: _____

Fee received by: _____ Date received: _____ Amt. received: _____

Check # _____ Cash _____ Date posted by Treasurer: _____ Date posted to the Membership Listing: _____

PLEASE DO NOT WRITE IN THIS BOX

FAX: NAPT 518-218-0867 ON LINE - www.napt.org
Use this ONLY if NOT registering on-line